ctitioner's Docket No. 13429-40254

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

e application of:

JAMES M. CARTER

Application No.: 09/898,648

Group No.: 2642

Filed: 07/03/2001

Examiner: CHANG, JACK

For: CARRIER WITH BUILT-IN AMPLIFICATION FOR PERSONAL AUDIO DEVICE

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

Applicant is a small entity. A statement was already filed. 2.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee:

\$60.00

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

Expensited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

with sufficient postage as first class mail.

37 C.F.R. § 1.10*

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TRANSMISSION

☐ facsimile transmitted to the Patent and Trademark Office, (703)

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^{*} Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Co	ol. 2)	(Col. 3)		SMALL ENTITY					
	CLAIMS				•						
	REMAINING	HIGHI	EST NO.								
	AFTER	PREVIOUSLY PAID FOR		PRESENT EXTRA						ADDIT.	DIT.
	AMENDMENT					RATE				FEE	
TOTAL	15		20	=	0	x	\$	25.00	=	\$	0.00
INDEP.	5	_	5	=	0	X	\$	100.00	=	_\$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM + \$ 0.00									=	\$	0.00
								TOTAL			
							ΑI	DDIT. FEE		\$	0.00

No additional fee for claims is required.

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$60.00 to Deposit Account No. 18-1754.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 18-1754.

If an additional fee for claims is required, charge Account No. 18-1754.

Date: 12/08/05 DeWitt M. Morgan

Registration No. 26488

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